

State of Kansas . . . John Carlin, Governor

DEPARTMENT OF HEALTH AND ENVIRONMENT

Barbara J. Sabol, Secretary

Forbes Field  
Topeka, Kansas 66620-0110  
913-862-9360



October 17, 1986

Steve Brady  
Western Auto Supply Company  
5360 Johnson Drive  
Mission, Kansas 66205

Dear Mr. Brady:

This is to acknowledge that you filed a Notification of Hazardous Waste Activity Form on August 28, 1986 for the facility located at the address shown below to comply with both state and federal regulations. The EPA Identification Number, type of hazardous waste activity and a description of hazardous waste are listed below. This number must be included on all shipping manifests for transporting hazardous waste; on all annual reports that generators of hazardous waste and owners of hazardous waste treatment, storage and disposal facilities must file with the state; on all applications for hazardous waste permits; and other correspondence related to your hazardous waste management activities.

EPA Identification Number: KSD981700990

Installation Address: 5360 Johnson Drive  
Mission, Kansas 66205

Type of Hazardous Waste Activity: Generation

Description of Hazardous Waste: D001, D002

Since the State of Kansas received authorization from EPA to conduct the state's generator and transporter hazardous waste program in lieu of the respective federal program, we are to be notified of any additions to and/or modifications of the information provided on your notification. All questions or assistance pertaining to the handling of hazardous waste should also be directed to this office.

Sincerely yours,

John W. Mitchell  
Hazardous Waste Section  
Bureau of Waste Management

JWM:ah/23G  
C Jane Ratcliff  
District Office - Lawrence





Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## Comments

[illegible]

Installation's EPA ID Number												Approved			Date Received (yr. mo. day)			F 091 Johnson					
C	K	S	D	9	8	1	7	0	0	9	9	0	T/A	C					8	6	0	8	2
F																							

W	E	S	T	E	R	N		A	U	T	O		S	U	P	P	L	Y		C	O	M	P	A	N	Y				
---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--

**Street or P.O. Box**[illegible]

City or Town															State	ZIP Code						
C	M	i	s	s	i	o	n	,								K	S	6	6	2	0	5

## STREET ADDRESS OR LOCATION FROM KNOWN REFERENCE POINT

[illegible]

City or Town															State		ZIP Code			
Mission, .....															KS		66205			

## Name and Title

2	S	t	e	v	e		B	r	a	d	y	,		M	G	R	.				9	1	3	2	6	2	1	4	8	4
---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	--	--	---	---	---	---	---	---	---	---	---	---

**A. Name of Installation's Legal Owner**

C	W	E	S	T	E	R	N	A	U	T	O	-	(	C	O	R	P	.	)	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

### A. Hazardous Waste Activity

☒ 1a. Generator

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel  
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

NOTE: If generator, you must complete section X.E. on back side of form.

### B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel  
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketed to Burner

☒ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

RECEIVED  
BUREAU OF  
WASTE  
MANAGEMENT  
SEP 19 1986

**VII. Waste Fuel Burning: Type of Combustion Device** (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace

**VIII. Mode of Transportation** (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

### **IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification      ☐ B. Subsequent Notification (complete item C)

For Official Use Only									
C									
W									
									T/A 1

# X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☒ 1. Ignitable (D001)

☒ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D004-D017)  
Specify Below:


E. Total Quantity Generated Per Month. Mark 'X' in the appropriate box below corresponding to the total quantity of hazardous waste generated per month.

- ☐ a. Greater than 1,000 KG (2,200 lbs)
- ☐ b. Less than 1,000 KG but greater than 25 KG (55 lbs)
- ☒ c. Less than 25 KG (55 lbs)

RECEIVED  
BUREAU OF  
AUG 23 1986  
WASTE  
MANAGEMENT

# XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Area Service Manager	Date Signed 9/17/86
--	---	------------------------

EPA Form 8700-12 (Rev. 11-85) Reverse

Mail completed form to: Bureau of Waste Management  
Kansas Department of Health & Environment  
Forbes Field  
Topeka, KS 66620